



Michigan Department of Natural Resources
Forest, Mineral and Fire Management / Grants Management

RECREATIONAL AND SNOWMOBILE TRAIL GRANT PROGRAM SPECIAL MAINTENANCE APPLICATION

By authority of Part 821 of Act 451 of 1994, as amended, to receive grant funding.

NOTE: Please print or type.

Trail Sponsor (Organization Name)			Year	LTG (Local Trail Grant) Number	
Primary Contact Person			Secondary Contact Person		
Address			Address		
City, State, ZIP			City, State, ZIP		
Email Address			Email Address		
Telephone Number ()		FAX Number ()		Federal I.D. Number	
Telephone Number ()		FAX Number ()		FAX Number ()	
No.	TOWN, RANGE, SECTION	PUBLIC OR PRIVATE LAND	DETAILED PROJECT DESCRIPTION (ATTACH PLAT MAP WITH LOCATION LABELED)		COST
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL ESTIMATED COST:					

Signature of Primary Contact Person

Title of Primary Contact Person

Date

Signature of Secondary Contact Person

Title of Secondary Contact Person

Date

**Please return completed application to: GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925**